



## Zero Report

**Pharmacy Information:**

NCPDP (aka NABP) #: \_\_\_\_\_

License / Permit #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Is your pharmacy a Type II pharmacy? (For IN resident pharmacies only)

☐ Yes☐ No

The pharmacy dispensed ZERO (0) Controlled Substances during the submission period

from: \_\_\_\_\_ to: \_\_\_\_\_.

**Please check if this applies to you:**☐ This location is ALWAYS a zero reporter, the pharmacy never dispenses outpatient controlled substances.**Send to:****FAX:** 317.233.4236**Email:** [inspect@pla.in.gov](mailto:inspect@pla.in.gov)

(Please keep a copy of this form for your records and make copies for future use)